

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026564

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6698

STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTYc. CITY OR TOWN **St. Louis**

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Incarnade Word Hosp**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

4667 A Dewey

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First **WILLIAM** Middle **R** Last **ZIMMERMAN**

4. DATE OF DEATH

Month **6** Day **25** Year **1963**

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-29-1915

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months **47** Days **47** Hours **47** Min. **47**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10b. KIND OF BUSINESS OR INDUSTRY

City of St. Louis

11. BIRTHPLACE (City and state or country)

St. Louis

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Stacy Zimmerman

13b. MOTHER'S MAIDEN NAME

Susie Webster

14. NAME OF HUSBAND OR WIFE

NONE15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give dates of service)**NO****NONE**

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Susie Zimmerman 4667 A Dewey (16)

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Cronarytherosclerosis -
Atherosclerosis, gen'l.
Cor pulmonale**

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary Emphysema + Scarring.**4201**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour **a.m.**

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-17-63to **6-25-63**and last saw him alive on **6-24-63**

Death occurred at

4/30 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles Krumer, M.D.

22b. ADDRESS

4401 Hampton Ave.

22c. DATE SIGNED

6-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-27-1963

23c. NAME OF CEMETERY OR CREMATORY

New St. Marcus Cem.

23d. LOCATION (City, town, or county)

St. Louis Co. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WINGBERMUEHLE 3819 So Grand Blvd.

25. DATE RECD. BY LOCAL REG.

JUN 26 1963

26. REGISTRAR'S SIGNATURE

Good Smith M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.